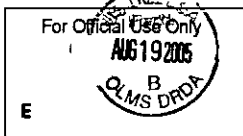


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11 30-2006

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

| | |
|--|--|
| 1 File Number U <u>3798</u> | 2 Fiscal Year Covered From <u>1</u> / <u>1</u> / 2004 Through <u>12</u> / <u>31</u> / 2004 |
| 3 Name and address of person filing Name <u>Evan</u> A <u>Engler</u> P O Box Bldg Room No if any _____ Street <u>150 Vanderbilt Motor Parkway</u> City <u>Hauppauge</u> State <u>New York</u> ZIP Code + 4 <u>11788</u> | 4 Name file number and address of labor organization Name <u>New York State United Teachers (NYSUT)</u> Labor Organization File Number <u>070 581</u> P O Box Building and Room Number if any _____ Street <u>800 Troy Schenectady Road</u> City <u>Latham</u> State <u>New York</u> ZIP Code + 4 <u>12110</u> |
| 5 Position in labor organization <u>Coordinator of Financial Services</u> | |

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests
(e) cept as specified in the exclusions set forth in the instructions)

| | |
|--|--|
| A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent | |
| 6 Name and address of Employer (including trade name if any) Name _____ Trade Name if any _____ P O Box Bldg Room No if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____ | 7 a Nature of Interest Transaction or Income <div style="border: 1px solid black; height: 80px; width: 100%;"></div> 7 b Amount <div style="border: 1px solid black; height: 80px; width: 100%;"></div> |

Signature

| | | |
|---|------------------------------|---|
| 15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions) | | |
| Signed _____ | On <u>07/11/2005</u> Date | <u>631-273-8822</u> Telephone Number |

| | |
|--|----------------------|
| Name of Person Filing <u>Evan Engler</u> | File Number <u>U</u> |
|--|----------------------|

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

| | |
|---|---|
| <p>8 Name and address of Business (including trade name if any)</p> <p>Name <u>ING Financial Advisors</u></p> <p>Trade Name if any _____</p> <p>P O Box Bldg Room No if any Suite <u>1C01</u></p> <p>Street One <u>Huntington Quadrangle</u></p> <p>City <u>Delville</u></p> <p>State <u>New York</u> ZIP Code + 4 <u>11747</u></p> | <p>9 Business deals with</p> <p><input type="checkbox"/> a Labor Organization</p> <p><input checked="" type="checkbox"/> b Trust</p> <p><input type="checkbox"/> c Employer</p> |
| <p>10 If 9 b or 9 c is checked give trust or employer's name</p> <p>Name <u>New York State United Teachers Benefit Trust</u></p> <p>Trade Name if any _____</p> <p>P O Box Bldg Room No if any _____</p> <p>Street <u>800 Troy Schenectady Road</u></p> <p>City <u>Latham</u></p> <p>State <u>New York</u> ZIP Code + 4 <u>12110</u></p> | <p>11 a Nature of such dealing</p> <p><u>Contracted provider of financial programs offered to NYSUT membership</u></p> <hr/> <p>11 b Approximate dollar value of such dealing</p> <hr/> <p>12 a Nature of interest held or income received</p> <p><u>February 4 2004 Attended holiday luncheon</u> <u>Estimated value of \$30</u></p> <p><u>March 25 2004 - Attended Dinner with ING at the Representative Assembly Estimated Value of \$67</u></p> <hr/> <p>12 b Amount</p> <hr/> |

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

| | |
|---|---|
| <p>13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)</p> <p>Name _____</p> <p>Trade Name if any _____</p> <p>P O Box Bldg Room No if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p> | <p>14 a Nature of payment</p> <p>_____</p> |
| <p>13 b Is the Business an Employer or Consultant ?</p> | <p>14 b Amount of payment</p> <p>_____</p> |

Part B Continuation Page

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

| | |
|--|---|
| <p>8 Name and address of Business (including trade name if any)</p> <p>Name <u>ING Financial Advisors</u></p> <p>Trade Name if any _____</p> <p>P O Box Bldg Room No if any Suite <u>1c0</u> _____</p> <p>Street <u>One Huntington Quadrangle</u> _____</p> <p>City <u>Melville</u> _____</p> <p>State <u>New York</u> ZIP Code + 4 <u>11747</u> _____</p> | <p>9 Business deals with</p> <p>a Labor Organization _____</p> <p><input checked="" type="checkbox"/> b Trust _____</p> <p>c Employer _____</p> |
| <p>10 If 9 b or 9 c is checked give trust or employee's name</p> <p>Name <u>New York State United Teachers Benefit Trust</u></p> <p>Trade Name if any _____</p> <p>P O Box Bldg Room No if any _____</p> <p>Street <u>800 Troy Schenectady Road</u> _____</p> <p>City <u>Latham</u> _____</p> <p>State <u>New York</u> ZIP Code + 4 <u>12110</u> _____</p> | <p>11 a Nature of such dealing _____</p> <p><u>Contracted provider of financial programs offered to NYSUT members</u></p> <p>11 b Approximate dollar value of such dealing _____</p> <p>12 a Nature of interest held or income received _____</p> <p><u>July 8 2004- Attended ING Fishing Trip Estimated value of \$49</u></p> <p><u>July 20-21 2004 Attended ING Annual Agent's Meeting Estimated values Hotel \$145 and Dinner \$30</u></p> <p><u>December 15 2004 Attended ING Holiday Luncheon estimated value of \$30</u></p> <p>12 b Amount _____</p> |

Part B Continuation Page

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

| | |
|---|--|
| <p>8 Name and address of Business (including trade name if any)</p> <p>Name Marsh Affinity Group Services</p> <p>Trade Name if any</p> <p>P O Box Bldg Room No if any</p> <p>Street 1440 Renaissance Drive</p> <p>City Park Ridge</p> <p>State Illinois ZIP Code + 4 60068-1400</p> | <p>9 Business deals with</p> <p>a Labor Organization</p> <p><input checked="" type="checkbox"/> b Trust</p> <p>c Employer</p> |
| <p>10 If 9 b or 9 c is checked give trust or employers name</p> <p>Name New York State United Teachers Benefit Trust</p> <p>Trade Name if any</p> <p>P O Box Bldg Room No if any</p> <p>Street 800 Troy Schenectady Road</p> <p>City Latham</p> <p>State New York ZIP Code + 4 12110</p> | <p>11 a Nature of such dealing</p> <p>Contracted provider of insurance programs offered to NYSUT members</p> <p>11 b Approximate dollar value of such dealing</p> <p>12 a Nature of interest received or income received</p> <p>March 24 2004 - Dinner in connection with NYSUT Convention estimated value of \$50.00</p> <p>12 b Amount</p> |

US Department of Labor

The attached LM 30 is to replace my original LM 30 that was filed on 7/15/05. The Dinner on 3/25/04 was accidentally omitted from the original filing.

Thank you

A handwritten signature in cursive script, appearing to read "Evan Engler".

Evan Engler